

# Cervical Cancer Screening in Domestic Violence Population

## Demographics

This section of the survey allows us to gather some information about the women who fill out this survey.

### 1. Record ID

### 2. What is your age in years?

### 3. What is your Race?

- ☐ Caucasian or White
- ☐ African American or Black
- ☐ Latina or Hispanic
- ☐ Asian or Pacific Islander
- ☐ Native American or Inuit

Other (please specify)

### 4. How much money did you earn in 2012?

- ☐ Less than \$20,000
- ☐ \$20,000 to \$34,999
- ☐ \$35,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$149,999
- ☐ \$150,000 or More

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## 5. What is the highest level of school you have completed or the highest degree you have received?

- ☐ Less than high school degree
- ☐ High school degree or equivalent (e.g., GED)
- ☐ Some college but no degree
- ☐ Associate degree
- ☐ Bachelor degree
- ☐ Graduate degree

## 6. Are you now married, widowed, divorced, separated, or never married?

- ☐ Married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never married

## 7. What is your current job status?

- ☐ Employed full time
- ☐ Full time homemaker
- ☐ Employed part time
- ☐ Unemployed
- ☐ Retired
- ☐ Disabled

## 8. Do you currently have any form of health insurance?

- ☐ Yes
- ☐ No

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**9. If you do have health insurance, what type do you have? (If your answer to the above question was no, skip this question).**

☐ Employer provided

☐ HMO

☐ Medicare

☐ Medicaid

Other (please specify)

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## Screening History

This section allows us to gather information about your prior Pap Smear Tests.

A Pap Smear Test is a test to detect cervical cancer early. It is performed at the time of a pelvic examination. This is a separate procedure, but similar to the procedure done to test for sexually transmitted diseases such as gonorrhea and chlamydia. Tissue is sampled from the cervix and tested for cancer or pre-cancerous cells. Based on these results your health care provider will tell you when to follow up for your next test or, if you had any abnormal cells, may recommend additional screening tests or treatments.

### 10. Have you had a pelvic exam?

- ☐ Yes, within the past year.
- ☐ Yes, within the past 3 years.
- ☐ Yes, within the past 10 years.
- ☐ No, I have never had a pelvic exam.

### 11. Have you ever had a Pap Smear Test?

- ☐ Yes
- ☐ No
- ☐ Unsure

### 12. If yes to the above, when was your most recent Pap Smear Test?

- ☐ within the past year
- ☐ within the past 3 years
- ☐ within the past 5 years
- ☐ within the past 10 years
- ☐ more than 10 years ago

### 13. What was the result of your most recent Pap Smear Test?

- ☐ Normal.
- ☐ Not normal.
- ☐ I do not know.

### 14. Have you had surgery on your cervix to prevent or treat cervical cancer?

- ☐ Yes
- ☐ No
- ☐ Not sure.

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## 15. Do you know when your next Pap Smear Test is due?

- ☐ Yes
- ☐ No, but I plan to find out.
- ☐ No, and I do not plan to find out.

## 16. Please describe your plans for Pap Smear Testing in the following situations.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a. I would be willing to have a Pap Smear Test when it is next due.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. If I had an abnormal Pap Smear Test and it was necessary, I would be willing to follow up with a physician for advice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. If I had an abnormal Pap Smear Test and it was necessary, I would be willing to follow up with a physician for repeat Pap Smear Tests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. If I had an abnormal Pap Smear test and it was necessary, I would be willing to follow up with a physician for a pelvic examination with biopsies of the cervix.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Barriers to screening.

### 17. Which of the following are reasons that you would not get a Pap Smear Screening test?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I don't know where to go for a Pap Smear Test.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Having a Pap Smear Test takes too much time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I can not remember to have a Pap Smear Test when it is due.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I have other problems more important than having a Pap Smear Test in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. There is no health center close to me to have a Pap Smear Test.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. A Pap Smear Test is too expensive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. A Pap Smear Test will not help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## 18. Which of the following are reasons that you would not get a Pap Smear Screening Test?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I am afraid of a bad result.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I don't know what will happen during the exam.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. It will hurt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. It will bring back unpleasant feelings related to a personal history of violence or sexual abuse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I will have flashbacks of prior sexual abuse or violence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I will feel like I am not in control of the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I am embarrassed to have this type of exam.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I do not feel like I can trust health care providers who perform the Pap Smear Test.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I might have a male doctor which makes me uncomfortable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Your history of violence.

### 19. Which of the following have you experienced? (Check all that apply.)

- ☐ Physical violence by an intimate partner.
- ☐ Sexual abuse or rape by an intimate partner.
- ☐ Emotional abuse by an intimate partner.
- ☐ Physical violence by someone other than an intimate partner.
- ☐ Sexual abuse or rape by someone other than an intimate partner.
- ☐ I have not experienced any of the above.

### 20. If you have experienced sexual or physical violence, when did it last occur? (If you have not experienced sexual or physical violence, skip this question.)

- ☐ Within the past year
- ☐ Within the past 3 years
- ☐ Within the past 5 years
- ☐ Within the past 10 years
- ☐ More than 10 years ago

### 21. If you experienced sexual or physical violence, how long did it last? (If you have not experienced sexual or physical violence, skip this question.)

- ☐ only once
- ☐ weeks
- ☐ months
- ☐ years

### 22. If you have experienced physical or sexual abuse, when was your most recent Pap Smear Test? (If you have never experienced physical or sexual abuse, skip this question.)

- ☐ I have never had a Pap Smear Test.
- ☐ Before experiencing physical or sexual violence.
- ☐ After experiencing physical or sexual violence.



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## Self-Sampling Questions.

Self-sampling involves inserting a long q-tip into the vagina, on your own, in a private area. From there, the q-tip sample is taken to the doctor's office or mailed in. This replaces going to the doctor for a pap smear test with a pelvic examination.

### 23. If an option were available for self-sampling, which would you prefer to do?

- ☐ Self-sampling only
- ☐ Pap Smear Test with pelvic exam at the doctor's office only
- ☐ Either

### 24. If a self screening test was available and it was the same cost, please describe concerns about the following.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I would feel embarrassed to put something in my vagina.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I would feel nervous that I was doing the test wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I am afraid of a bad result.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am afraid that it might hurt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. It will bring back unpleasant feelings related to a personal history of violence or sexual abuse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I will have flashbacks of prior sexual abuse or violence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 25. If you performed a self screening test and the results were abnormal.

	Strongly disagree.	Disagree.	Neutral.	Agree.	Strongly agree.
a. I would be willing to follow up with a physician for advice if necessary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I would be willing to follow up with a physician for repeat Pap Smear Tests if necessary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I would be willing to follow up with a physician for a pelvic examination with biopsies of the cervix if necessary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## **Thank you.**

Please return your survey to the designated contact person.

We appreciate the time and effort you put into completing this survey. With help and generosity of women such as yourself, we hope to overcome barriers to cancer screening and improve the health of women.